



ROYAL
PHARMACEUTICAL
SOCIETY
Scotland

Improving Care for People with Long Term Conditions

December 2016



IMPROVING CARE FOR PEOPLE WITH LONG TERM CONDITIONS

The expertise and clinical knowledge of pharmacists must be fully utilised to support people with long term conditions and help them to achieve the desired outcomes from their medicines, thereby making more efficient use of National Health Service (NHS) resources.

This policy document focuses on the essential role of the pharmacist as part of a multidisciplinary approach in tackling the challenges facing the NHS in treating and supporting people with long term conditions (LTCs). The recommendations in this policy are aimed at key stakeholders who have collective responsibility for ensuring the best care for individuals living with a LTC.

Key recommendations

1. Pharmacists providing direct patient care should have the opportunity to train to be a prescriber, fully utilising those skills as part of the multidisciplinary approach to managing and supporting people with long term conditions.
2. The patient journey will be made easier by enabling pharmacists to directly refer to appropriate health and social care professionals, improving patient access to care and reducing the number of unnecessary appointments.
3. Patients will benefit from further integration of pharmacists into their multidisciplinary team, ensuring support at every stage of their journey, from prevention through to treatment and management of their long term condition(s).
4. All pharmacists directly involved in patient care should have full read and write access to the patient health record, with patient consent, in the interest of high quality, safe and effective patient care.

EXECUTIVE SUMMARY

Approximately two million people in Scotland are living with at least one LTC which impacts on their quality of life in human, social and economic terms¹ (see figure 1). People with several LTCs have a markedly poorer quality of life, poorer clinical outcomes, longer hospital stays, and are the most costly group of patients for the NHS to look after².

Medicines are the most common intervention in healthcare and their safe use requires collective and collaborative effort between the multidisciplinary team and patients³. Medicines can be life-prolonging and life-saving in the management of LTCs but they can also cause harm if used incorrectly.

As our population lives longer with more people developing LTCs, our aim must be to reduce any unintentional harm caused by inappropriate polypharmacy and to ensure everyone has access to high quality pharmaceutical care that can improve people's quality of life.

The policy takes into account the principles and aims of the National Clinical Strategy for Scotland⁴ and Realistic Medicine⁵ which have outlined the need for a widened primary care team, using the expertise of all health professionals to their maximum potential to reduce the waste, harm and variation in treatment.

The policy draws on the substantial body of reports and reviews⁶ which have demonstrated that we are not using the clinical resources available in the pharmacy profession to best advantage to improve public health⁷ and patient outcomes, and to reduce unplanned hospital admissions.

Pharmacists have a unique education in all aspects of medicines and medicines' use and can play a key role in the on-going monitoring, support and treatment of patients with LTCs, as well as contributing to the delay or prevention of the onset of a LTC, but the profession could do much more. This document describes some of the enablers and changes that are required which align with the current strategic drivers in Scotland. These are necessary to fully utilise the pharmacist's expertise to improve health outcomes and our recommendations, if implemented, will support the transformational change required to build a sustainable NHS for the future.

The policy takes a principle-based approach to the management of LTCs, taking into account the increased prevalence of multimorbidity. It is not condition specific but rather takes a holistic and overarching view of the contribution of the pharmacy profession to support all patients living with a LTC.

CONTEXT FOR CHANGE

It is widely acknowledged that LTCs are the greatest challenge currently facing the NHS and demand for services is predicted to rise⁸. In Scotland, 40% of the Scottish population, have at least one LTC, and one in four adults over the age of 16 report some form of long term illness, health problem or disability⁹. As well as affecting an individual's health, there can be associated wider social and economic challenges for the individual and implications for family members, who may be providing care for a loved one. LTCs are responsible for 60% of deaths in Scotland and take up 80% of GP appointments¹⁰.

We know that approximately 50% of medicines are not taken as prescribed¹² and that medicines contribute to between 1.4 - 15.4% of preventable unplanned hospital admissions¹³ with this figure rising to 26% in the frail elderly population¹⁴. In Scotland, this equates to 61,000 non elective hospital admissions due to medicines every year¹⁵.

Primary care has come under increasing pressure in recent years, with higher demands on General Practitioners (GPs) and increased waiting times¹⁶. Alongside this, demands on urgent and emergency care are rising¹⁷. People with a LTC are twice as likely to be admitted to hospital as a patient without such a condition¹⁸. Not only is this distressing for patients but puts unnecessary and avoidable pressure on secondary care resources. With the average cost of a hospital stay for a non-elective inpatient in 2015 estimated to be £2746¹⁹, it is becoming increasingly vital for people to be supported in their communities in a way that will improve their health outcomes, support self-management and avoid hospital admissions wherever possible. The NHS Scotland National Polypharmacy guidance is an invaluable tool to support practitioners in this²⁰.

This is particularly relevant in deprived areas where the life expectancy is on average 10 years less than more affluent communities and community pharmacies are often the nearest and most accessible health professional²¹.

The funding for additional pharmacists to work in GP practices presents an ideal opportunity to enable pharmacists to work with their GP and other primary care/community pharmacy colleagues to improve the care of people with LTCs. The joint statement from RPS and RCGP Scotland outlines how this expertise can be best used to benefit patients²².

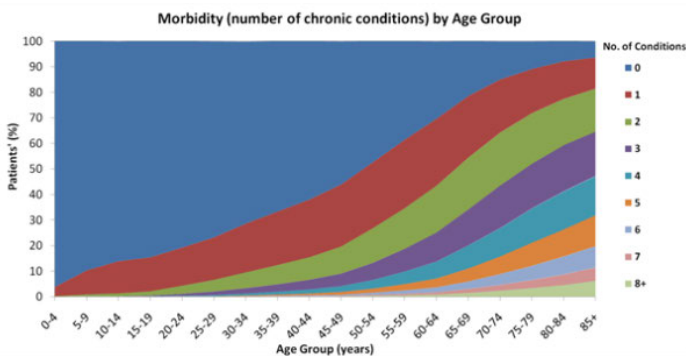


Figure 1: Mercer, Guthrie, Wyke: Scottish School of Primary Care

People with multiple LTCs are likely to require more complex medication regimens and more intensive support from health professionals. It is recognised that the impact of comorbidity is profound and multifaceted. Patients with several LTCs have poorer quality of life, poorer clinical outcomes, longer hospital stays and more post-operative complications, and are more costly to health services¹¹. The rise in the number of patients with LTCs and comorbidity is known to have increased prescribing rates, with the proportion of patients receiving 10 or more medicines growing from 1.9% in 1995 to 5.8% in 2010 (see figure 2).

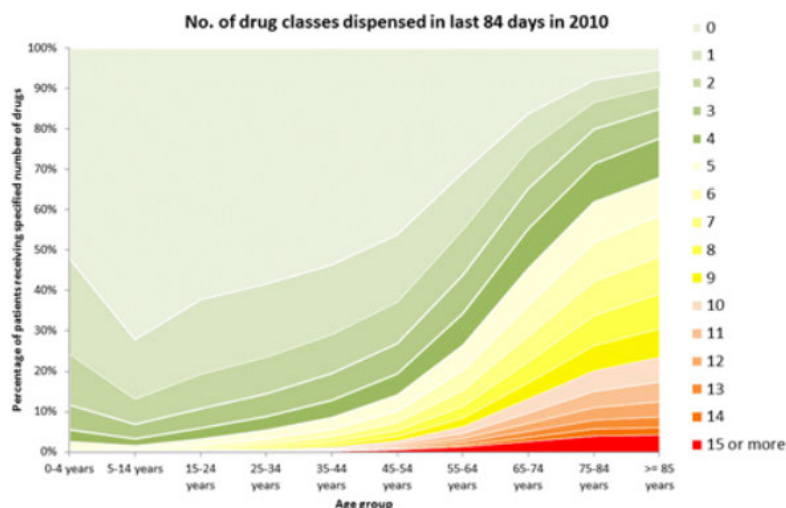


Figure 2: Mercer, Guthrie, Wyke: Scottish School of Primary Care

RECOMMENDATIONS TO ENABLE TRANSFORMATIONAL CHANGE

Professional development

- Opportunities must be created for multidisciplinary teams to learn and develop together starting from undergraduate education and continuing into all sectors of practice.
- Pharmacists working in all sectors must have protected learning time to advance and develop their practice.
- Working with their medical colleagues and ensuring an appropriate level of multidisciplinary working, experienced independent pharmacist prescribers should be enabled to become designated practitioners thereby allowing them to mentor/supervise others through an independent prescribing course.

Workforce re-design and utilising professional expertise

- The funding for pharmacists working in GP practice should become permanent to enable continuity of care and build a wider primary care team.
- Models of care need to be explored to allow community pharmacists to work alongside their primary care colleagues, as part of the multidisciplinary health and care team, releasing more time to provide pharmaceutical care.
- In order to streamline the patient journey, pharmacists must be able to directly refer patients to other health professionals, to social care and other appropriate services.
- There is opportunity for GP practice pharmacists and community pharmacists to work together to make more use of the Chronic Medication Service, which is designed to improve access to medicines and pharmaceutical care for people with LTCs.
- All practicing pharmacists providing direct patient care should have the opportunity to train to become an independent prescriber.
- There should be a better skill mix, with more pharmacy technicians supporting pharmacists in GP surgeries and freeing up more time for the pharmacist to provide pharmaceutical care in community pharmacies.

Co-production

- People with LTCs must have the opportunity to work with their multidisciplinary team to shape their own care plan²³, focusing on what matters to them. They must be involved in the decision-making process and be informed about treatment options.
- Local delivery plans and Community Planning partnerships should include community pharmacy services in their review of community assets, and include them in plans to improve patient outcomes. Services should be tailored to meet the needs of local populations, using the information now available to estimate the prevalence of LTCs.

Utilising technology

- With patient consent, and in the interest of safe and effective patient care, all pharmacists involved in an individual's care should have appropriate read and write access to the patient health record.
- As a starting point, community pharmacists must have access to Immediate Discharge Letters for their patients and the Emergency Care and Key Information Summaries as required, to support safe and efficient continuity of care.

HEALTH JOURNEY FOR PEOPLE WITH LONG TERM CONDITIONS

Effective, joined-up care between community pharmacists, GP practices and hospitals can help reduce the need for costly and invasive medical treatment for people with LTCs.

Evidence shows the likelihood of people with LTCs requiring inpatient or emergency care can be reduced by several factors including:

- lifestyle change²⁴
- using medicines and treatments correctly²⁵
- support to live independently²⁶
- the ability to understand, monitor and manage their conditions²⁷
- contact with professionals able to assess the degree of illness progression and recommend the most appropriate treatment²⁸

Pharmacists working in all sectors are already making important contributions to the prevention and support for the management of LTCs, however, the potential of the pharmacy workforce has not yet been fully maximised. There are pockets of good practice where patients benefit from coordinated care for LTCs yet there is no consistency in the level of service provision. We need to ensure we minimise unnecessary variation in practice and provide appropriate support to patients in their care journey. Self-management must be supported and encouraged to allow people to remain independent for as long as possible, and inappropriate polypharmacy must be addressed to minimise avoidable harm.

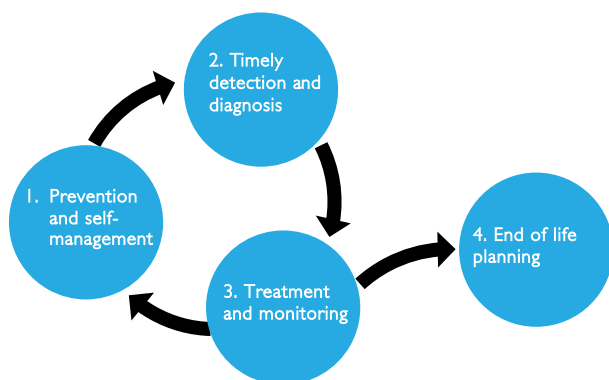


Figure 3: Support for people with long term conditions Cycle (LTCs Cycle)

Individuals must benefit from access to the right health and social care skill set at the right time to ensure their physical and mental health care needs are met. Individuals must feel empowered to be decision-makers in their care to help shape their desired outcomes at all points of the LTC cycle.

Practice example 1: Asthma Working together to improve outcomes

According to Asthma UK²⁹ there were 1,216 deaths from Asthma in the UK in 2014, and approximately 75% of the hospital admissions and 90% of deaths which occurred were preventable. With a maximum of 70% of asthma patients attending their GP practice for their annual asthma review, there is considerable scope for improving patient outcomes.

Greater Glasgow and Clyde Health Board funded a Local Enhanced Service³⁰ coordinating asthma care between GP practices and community pharmacies. The aim was to achieve improved patient outcomes through:

- pharmacist checking and advising on patient's inhaler technique
- reporting improvement in symptoms for those patients with asthma and/or Chronic Obstructive Pulmonary Disease (COPD)
- providing targeted information about relevant services available to patients with asthma and COPD e.g. smoking cessation and pulmonary rehabilitation
- promoting the use of the Managed Clinic Network Asthma Action Plan (where appropriate)
- improved partnership working between General Practice and Community Pharmacy.

Whilst prescribing might be optimal, if a patient with asthma or COPD cannot use their inhaler properly there is a risk their lack of control will result in poor drug delivery, decreased disease control and increased inhaler use, with treatment interventions becoming more intensive (such as unnecessarily increased inhaled corticosteroid doses or greater reliever use)³¹. The cost of medicines' waste resulting from suboptimal inhaler use is considerable, and poor condition control can lead to extra cost with regard to GP/practice nurse appointments and hospital admissions.

Patients who are not attending for routine asthma reviews in their GP practice are referred to their local community pharmacy. The pharmacist conducts asthma reviews in the same way as the GP practice, including establishing a treatment plan, checking adherence and ensuring good inhaler technique.

Regular follow up reviews are conducted through the Chronic Medication Service when patients pick up their regular prescriptions to provide continuity of care.

HEALTH JOURNEY FOR PEOPLE WITH LONG TERM CONDITIONS

Practice example 2: Asthma - Continuity of care

In Grampian Health Board area, a pharmacist independent prescriber supports asthma patients in both the GP practice and community pharmacy setting. Working within the multidisciplinary team, the pharmacist holds regular clinics in the GP practice to review any COPD and asthma patients who have recently been hospitalised with an asthma attack or exacerbation of their COPD.

Aligning with local managed clinic network guidelines the work includes checking inhaler technique and adherence, changing inhalers and altering doses as required. Once stabilised, patients are referred back to their practice nurse for routine annual asthma reviews. Working alongside their GP colleagues the pharmacist also ensures that the practice is routinely prescribing according to the latest evidence based and cost effective guidelines, and that the medicines prescribed in the practice align with the local formulary across the spectrum of therapeutic areas.

When working in the community pharmacy the pharmacist carries out brief interventions, using a protocol agreed and developed with the GP practice that targets smokers. The national smoking cessation service can then be used to support patients to quit smoking. The pharmacist's holistic approach to care has identified and addressed other care issues when they have arisen, e.g. psoriasis and depression and has then either prescribed if appropriate or referred back to the GP if necessary, following up from the community intervention in the practice clinic.

Case study: Community Pharmacist Independent Prescriber - Improving quality of life with LTCs

"A 67 year old male with COPD and was having problems with shortness of breath. He was understandably depressed particularly because he could no longer tend to his garden and be outdoors.

He could only walk a few short steps and needed to use his salbutamol inhaler to get around. He just wanted to be able to breathe easier so that he could do more. He attended our pharmacy COPD Spirometry clinic regularly and over several months, prescribing in line with Fife COPD guidelines and formulary his peak flow improved from 250 to 460, he rarely needed to use his reliever inhaler; his medications were reduced and he has had no chest infections in a year.

GP Communication

*I communicated the changes with my GP practice via email using a clinical handover tool, (Situation, Background, Assessment and Recommendation (SBAR)) and the practice made the necessary changes to the patient's health record and repeat prescription forms. I agreed to share the outcomes from my follow up appointments with the practice.**

Outcomes

The most important thing for this person was not his peak flow or oxygen saturation readings, it was feeling he could breathe every day. Going into his garden in any weather and having the health to enjoy his retirement, especially being able to go on day trips with his wife. His mental health improved remarkably and he just could not believe he was so well on fewer medicines."

**N.B. Read and write access to the health record would have made this communication much less time consuming.*

PREVENTION AND SELF-MANAGEMENT IN THE COMMUNITY

"The Health and Social Care Alliance Scotland (the ALLIANCE) supports the Royal Pharmaceutical Society's call for growing involvement of pharmacists in supporting people living with long term conditions, as part of the wider health and social care team. Pharmacists have unique skills and expertise which make them well placed to work in partnership with people living with long term conditions to support self-management and enable them to achieve the outcomes that are important to them."

Ian Welsh, Chief Executive,
The ALLIANCE



All individuals must be encouraged to maintain their own health and wellbeing, and given the necessary tools to help them do this. Scotland's "House of Care" approach supports this, and enables people to articulate their own needs and decide on their own priorities, through a process of joint decision making, goal setting and action planning with the health professionals involved in their care³². Pharmacists are well placed to support people in managing their condition within and alongside these initiatives and must be included in the multidisciplinary team approach to care.

The Self Care Forum describes a 'four pillars of engagement'³³ approach to self-care, and community pharmacy teams are perfectly placed to facilitate this. While all pharmacists can support people with LTCs wherever they are practicing, the following "pillars" illustrate the benefits of accessibility to the community pharmacy team.

1. **Lifelong Learning:** Over 600,000 people visit a community pharmacy in Scotland every day. The often informal nature of the contact with a pharmacy means that it is possible to provide opportunistic education with brief interventions, advice and support for people at every stage throughout life.
2. **Empowerment:** There are currently around 1,250 community pharmacies in Scotland. The accessibility of the community pharmacy network on the high street, in supermarkets, in deprived and rural communities provides a gateway to health and medicines' advice from a healthcare professional without the need for an appointment, offering reassurance and empowering people to take greater control of their own health and wellbeing.
3. **Information:** As a trusted healthcare profession, pharmacists provide a reliable and confidential source of health and medicines information. The pharmacy team can also ensure that individuals are signposted to trusted resources and groups for further information and support around their physical and mental health.

Self-assessment tools could also be used by individuals to assess and understand the relative risk of them developing a LTC. Obesity and smoking, for example, are linked with most LTCs³⁴. Pharmacists can advise on reducing health risks by providing information on positive lifestyle choices, information on self-care and providing services such as stop smoking and brief interventions on alcohol¹⁰.

4. Local and National Campaigns: An essential service that community pharmacies provide is the promotion of healthy lifestyles and participation in public health campaigns. Each community pharmacy undertakes six public health campaigns each year, providing a real opportunity for consistent messages to be delivered to the public and could be further developed through coordinated national campaigns.

Giving people the information and tools to help them make positive lifestyle choices and to self-care is an essential step in helping maintain good health and preventing illness. Improved health literacy, starting from school age onwards would support self-care and self-management in the longer term. Shifting resources to help keep more people in the prevention phase of the LTC cycle (figure 2) for as long as possible will help to transform the NHS from an 'illness' service to a 'health' service. Community pharmacy involvement in public health initiatives can offer people the local support they require, tailored to their individual needs³⁵.

Practice example 3: Mental Health - Supporting young patients in community pharmacy

"In our pharmacy we have redesigned the way we support young adult patients with depression and anxiety. All patients receiving new medication are offered a one to one private consultation to advise them on how best to use their medication and also discuss any other questions and issues. We advise on key lifestyle factors such as good sleep hygiene, and for patients who are students we can signpost to various academic support services.

We arrange both telephone and face to face followups and once patients are settled on repeat medication we check how they are progressing with their treatment. For patients we think are at risk of harming themselves we liaise closely with our GP colleagues, ensuring they get timely appointments and the regular contact and support they need."

TIMELY DETECTION AND REFERRAL

When an individual first starts to experience symptoms of ill-health, they will often seek advice from a pharmacy providing an ideal opportunity for the pharmacist to look for early warning signs of what could become a LTC. Early detection and timely referral can make a significant difference to people's quality of life, particularly at the early stages of LTCs such as rheumatoid arthritis³⁶ diabetes and dementia³⁷.

The current referral process can cause delays in access to treatment for the patient and contributes to unnecessary workload for the GP.

Currently, the primary care system creates barriers for the direct referral of people from one health professional to another. When people present at a pharmacy with problems or symptoms that require referral to, for example, a dietician or physiotherapist, the pharmacist has few options other than to default to the traditional route of referring individuals to their GP. The pharmacist may have already recognised that the patient would benefit from quick access to another health or social care professional and should be able to do so as an integrated member of the multidisciplinary team.

To ease the pressures on GPs, direct referral arrangements to other healthcare professionals must be routinely available, enabling GPs to focus on diagnosing new conditions and providing more complex care to those who need it. This would also lead to a better patient journey, reduce duplication and improve cost effectiveness of services.

More opportunities for simple screening for LTCs should be explored as part of preventative approaches to healthcare (e.g. testing blood sugar levels for diabetes in high risk groups or blood pressure measurements to reduce risk of stroke among smokers). Early detection with appropriate information and support, simple lifestyle changes, social prescribing and signposting to local resources (including third sector support), could prevent significant medical interventions and hospital admissions in the longer term.

"People with Parkinson's depend on complex medication regimes to live as well as possible, and pharmacists are an essential part of the Parkinson's multidisciplinary team. Pharmacists have the skills and knowledge to provide people with accessible information about medicines and side effects and can prevent people coming to harm through the use of contraindicated medicines. Pharmacists can also make a difference by using medicine review tools to identify when someone might need to see their GP, Parkinson's nurse or specialist consultant and by having systems in place so that people have reliable access to their regular Parkinson's medicines. Parkinson's UK is very keen to work with pharmacists to develop their role through our Parkinson's Excellence Network for health and care professionals."

Parkinson's UK

PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.

TREATMENT AND MONITORING

Once an individual has been diagnosed as having a LTC and stabilised by their GP (or appropriate specialist), ongoing support should be provided by an appropriate member of the multidisciplinary team. When prescribed and used effectively medicines have the potential to significantly improve quality of life and outcomes for individuals with a LTC. In taking a holistic approach to pharmaceutical care, pharmacists can support people to maintain good health and wellbeing and help avoid complications that might be associated with their LTC, as well as working with them to help prevent the development of further LTCs³⁸.

Using multiple medicines (polypharmacy)³⁹ to treat a LTC is common although it can become problematic where medicines are prescribed inappropriately, or where the intended benefit of the medicine is outweighed by the risk. The more medicines an individual is prescribed the greater the risk of drug interactions, side effects and adverse drug reactions, as well as impaired adherence to medication and reduced quality of life.

As the number of individuals with comorbidity becomes more prevalent, the challenges associated with prescribing the right medicines and supporting patients to use them safely and effectively should not be underestimated. The increasing complexity of treatment approaches mean that besides developing and maintaining prescribing competency for a specific LTC, prescribers have the challenge of keeping up to date with new medicines, updated treatment strategies and the potential for interaction between a range of medicines prescribed for different conditions^{40,41}.

Managing polypharmacy is where the expertise of the pharmacist plays an essential part of the multidisciplinary approach to care. Their in-depth knowledge of pharmacology and the use of medicines is a key contribution when considering the optimal medication regimen for an individual with comorbidity as there will be instances where following condition-specific clinical guidelines may not be the most appropriate course of action for the individual being treated. Pharmacists therefore play a leading role in the optimisation of medication regimens for people with LTCs; ensuring appropriate use of medicines, stopping inappropriate medicines as well as considering opportunities for lifestyle changes and non-medical therapies. In primary care the Chronic Medication Service offers an ideal way to provide this level of care and relies on GPs and pharmacists working closely together to maximise the use of this service.

"High quality, cost effective and safe prescribing is an essential component of patient care and pharmacists have an important role in providing their expertise in the medicines management of patients with multiple long term conditions and complex polypharmacy. Pharmacists across Scotland already offer a significant contribution to the clinical care of patients in the community and in many cases are based in General Practices working effectively with GP colleagues and the wider General Practice team.

The scope to enhance the skills and expand the role of pharmacists and their direct accessibility to patients is now recognised and the evolution of a fully trained and experienced pharmacy workforce in Scotland, sufficient to support all practices and the out of hours services, will play an important part in addressing the increasing workload in General Practice posed by an ageing population with more complex needs. It is anticipated that more joint working between pharmacists, GPs and the wider practice team will improve quality of care in Scotland, reduce unplanned hospital admissions and improve patient safety in the overall use of medicines."

Dr Elaine McNaughton,
Deputy Chair (Policy),
RCGP Scotland



Practice example 4: Independent Prescriber (IP) Hypertension clinic run from community pharmacy in Ayrshire and Arran

People were identified by medication history within community pharmacy and invited for ongoing blood pressure review at a convenient time for them, usually tying in with their routine medication supply. The consultation included measuring blood pressure, weight and BMI, and discussing lifestyle choices. The pharmacist prescriber made any changes required to treatment and offered lifestyle advice to improve overall results. People were enrolled in the Chronic Medication Service to enable ongoing pharmaceutical care and if appropriate and agreed between the GP, patient and pharmacist would then be eligible for repeat dispensing.

Identified outcomes so far are reduced GP/nurse appointments for hypertension queries, increased access for hard to reach patients, an offer of lifestyle advice before prescribing changes, increased self-management of their condition by the patient, increased compliance with medication and a reduction in medication waste.

Practice example 5: Pharmacist led pain clinics in GP practice

The focus of the pharmacist pain reviews was to optimise therapy and support selfmanagement through a holistic person centred approach. The reviews demonstrated a reduction in pain severity and the pharmacist frequently signposted/referred patients on to physiotherapy and to education classes to help with selfmanagement.

The number of subsequent GP consultations for pain issues was halved from an average of 2.6 in six months to 1.3 in six months and a similar reduction was seen in the number of secondary care pain clinic reviews.

PALLIATIVE AND END OF LIFE CARE

People with palliative and end of life care needs must be treated with dignity and respect, and be empowered to shape their own patient journey⁴². Medicines can bring significant benefit during end of life care to control pain, alleviate symptoms and stabilise people's conditions. It is an area of care where people can benefit greatly from the support and expertise of the pharmacist, helping them to make decisions about their medicines and healthcare.

We recognise that end of life care can be a very difficult time for families and carers; some may have to take over decision making for their relative and, as such, it is vital that families and carers are supported and given as much advice and information as they need, at a time that is appropriate for them. Support for the patient and carer (or family) must also include dialogue between the whole multidisciplinary health and social care team, and third sector to ensure the patient's needs are effectively met in the care setting of their choice. Coordination and communication across the multidisciplinary team will be critical to delivering high quality and responsive palliative and end of life care.

"Enjoying as high a quality of life as is possible is hugely important to people living with a terminal illness and a big part of that is controlling pain and symptoms through medication."

"Pharmacists play a crucial role in supporting patients living with a terminal illness and approaching end of life, as well as their families and carers"

Richard Meade,
Head of Policy and Public Affairs,
Marie Curie Scotland



"New figures from the Scottish Government show that 50% of adults now live with long term conditions. Epilepsy Scotland believes pharmacists are ideally placed to help deliver even better patient care to this growing sector of the population. Three of four of the new key policy recommendations for pharmacists would lead to increased multidisciplinary working, making direct referrals to appropriate health and social care professionals and having full access to the patient health record, with prior consent. All these steps can only benefit the ongoing care and management of people with long term conditions. When it comes to epilepsy prescribing, managing this complex condition requires a high degree of specialist clinical skill. Clinical pharmacists will require appropriate epilepsy and learning disability training and are likely to work as part of the patient's multi-disciplinary team."

"Pharmacists have a crucial role to play around drug compliance. We are aware that up to half of patients seen in A&E with recurrent seizures are noncompliant. Pharmacists must actively encourage people, and especially those who have epilepsy, to use the Chronic Medication Service."

"Optimising a person's understanding and effective use of drug therapy is paramount to their wellbeing."

Allana Parker,
Public Affairs Officer,
Epilepsy Scotland



ACCESS TO HEALTH RECORDS

People need to be assured that their records are kept safe and confidential. They need to know that their health records can only be accessed by a registered professional and only after they have given their consent.

Each healthcare professional routinely records important information about a patient's care but unfortunately the information held within these separate records cannot be accessed by other healthcare professionals.

One single health record, where all essential information for each person is stored, would enable more informed and safer health decisions to be made by practitioners with their patients.

Pharmacists working in a GP practice or in the hospital service have access to patient health records but this is not yet the case in a community pharmacy, although there are instances where access to a clinical portal is possible and this is currently being evaluated. At present, community pharmacists have no access to information on diagnosis and therefore have to use their professional judgement and discretion when speaking to people about the use of medicines for their condition, e.g. some medicines have more than one indication for treatment such as for pain and/or depression or epilepsy.

According to research from YouGov an overwhelming majority of the British public (85%) said they want any healthcare professional treating them to have secure electronic access to key data from the GP-held patient record⁴³.

With the advent of new clinical services and the growing number of pharmacist prescribers, more information on pharmaceutical care issues is being recorded and stored in community pharmacy systems. The pharmacist should be able to transfer this information to the GP to provide an accurate overall view of the patient's care, but currently there is no link between the pharmacy record and the GP record. This also means that any medicines purchased by a patient from the pharmacy remain unknown to the prescriber.

Pharmacists therefore must have full read and write access to the patient health record to improve patient care and patient safety. Access to information is key to delivering more effective pharmaceutical care to patients, improving medicines adherence and reducing the medicine related errors which contribute to unplanned admissions to hospital.

Practice example 6: Community Pharmacy example from pilot trial of access to patient records

A customer complained of tiredness symptoms and requested to buy iron tablets. The pharmacist checked her blood test results to find her iron levels were fine and that iron tablets were not required; however, on checking, her last blood tests showed her thyroid hormone levels were on the lower side of normal and recommended that she should see her GP to review the dose of her levothyroxine treatment. Her dose was increased and her symptoms resolved.

"Being able to access a patient's record, when consent has been given, and understand the nature of their condition can help pharmacists provide better information and support to them, so that they can get the best out of their medicines."

Richard Meade,
Head of Policy and Public Affairs,
Marie Curie Scotland.



NEXT STEPS

This policy has been developed to prompt action at national and local levels, ensuring people with LTCs benefit from greater access to the expertise of pharmacists. The implementation of the recommendations within this document will help drive quality improvement in the delivery of care by the multidisciplinary team. They will also contribute to the changes needed to reduce demands on our health and social care services both in-hours and out of hours. Action is required across NHS Scotland to review current plans for supporting people with LTCs and to embed the role the pharmacy profession plays in the development and delivery of effective models of care.

The Royal Pharmaceutical Society in Scotland is committed to working with the NHS and other stakeholders to drive the LTC agenda forward and to help evaluate the effectiveness of new initiatives that use the pharmacists' expertise to improve patient care and health outcomes.

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